EMERGENCY PLAN FOR ACQUITTEES ON CONDITIONAL RELEASE*

Acquittee's Name:								
Address:								
Insurance Provider:			1					
Policy #:		Group #:						
Conditional Release Supervisors	:							
Agency:								
Telephone #:		Fax #:						
Beeper #:		Cell #:						
PHONE NUMBERS FOR RE	QUIRED NOTIFI	ICATIONS						
1. Psychiatric Security Review Board (PSRB):		Telephone #:	(860	0) 566-1441	Fax #:	(860) 566-1425		
Call the answering service after hours OR if you only reach voicemail - Leave your name, telephone number, acquittee's name and nature of the situation.		Answering Service #:	(888) 586-8756					
2. DMHAS Conditional Release Service Unit:					_			
Barbara Richard		Telephone #:	(860	(860) 262-5830 Fax #: (860) 262-5841		(860) 262-5841		
3. Other Emergency Contacts (e.g., agency administrators, acquittee's family members, etc.)								
Name:	:			Telephone #:				
lame:		Telephone #:						
Name:	ame:		Telephone #:					
Name:		Telephone #:						
		_						
VOLUNTARY INPATIENT T	TREATMENT OP	TIONS						
Respite Bed Agency		Telepho			ephone #			
Crisis Bed Agenc		Telephone #						
Other Agen		:			Telephone #:			
Community Hospital					Telephone #:			
DMHAS Funded Inpatient Service Name					Telephone #:			
Connecticut Valley Hospita								

Transportation Options for Voluntary Placement:

• Connecticut Valley Hospital Public Safety will transport

INVOLUNTARY HOSPITALIZATION BY ORDER OF REVOCATION BY THE PSRB

Admission to the Dutcher Service or the maximum-security Whiting Service of the Whiting Forensic Division of Connecticut Valley Hospital is to be determined by the PSRB.

Transportation Options for Revocation:

• Connecticut Valley Hospital Public Safety will transport

*Re	*Review and update as needed				
Cor	pies to be filed with:				
1.	Acquittee				
2.	PSRB				
3.	Conditional Release Supervisor				
4.	LMHA Mobile Crisis				
5.	DMHAS Conditional Release Service Unit				
6.	Residential Program				
7.	Office of Adult Probation				
8.	Others (please list below)				